

*If you are using a printed copy of this procedure, and not the on-screen version, then you **MUST** make sure the dates at the bottom of the printed copy and the on-screen version match. The on-screen version of the Collider-Accelerator Department Procedure is the Official Version. Hard copies of all signed, official, C-A Operating Procedures are kept on file in the C-A ESHQ Training Office, Bldg. 911A.*

C-A OPERATIONS PROCEDURES MANUAL

ATTACHMENT

4.120.3.z 4 O’Clock (PEER 9) Acknowledgement of Additional Testing required from Local Panel

| C-A-OPM Procedures in which this Attachment is used. | | |
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| 4.120.3 | | |
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Hand Processed Changes

| <u>HPC No.</u> | <u>Date</u> | <u>Page Nos.</u> | <u>Initials</u> |
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Approved: _____ *Signature on File* _____
 Collider-Accelerator Department Chairman Date

V. Castillo

C-A-OPM-ATT 4.120.3.z (Y)

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Revision 00
 December 3, 2004

4.120.3.z 4 O’Clock (PEER 9) Acknowledgement of Additional Testing required from Local Panel

PASS ANNUAL ACCEPTANCE TEST PROTOCOL

Division A Software Filename and Checksum: Title: _____ Checksum: _____

Division B Software Filename and Checksum: Title: _____ Checksum: _____

Initial testing complete:

Test Team Leader’s Name (Print): _____ Life Number: _____

Test Team Leader’s Name (Sign): _____ Date: ____/____/____

Acceptance test procedure complete (following repairs and retesting if required):

Test Team Leader’s Name (Print): _____ Life Number: _____

Test Team Leader’s Name (Sign): _____ Date: ____/____/____

Test results reviewed by:

Safety Section Head’s Name (Print): _____ Life Number: _____

Safety Section Head’s Name (Sign): _____ Date: ____/____/____

Test results accepted by Radiation Safety Committee:

RSC Member’s Name (Print): _____ Life Number: _____

RSC Member’s Name (Sign): _____ Date: ____/____/____

1.1 Acknowledgement of Additional Test: C-A-OPM-ATT 4.120.19.1 (1.1) required from Local Panel

C-A-OPM-ATT 4.120.19.1

1.1 Confirm proper response of a RF Cavity PS at HV in Mode 25 to a key release.

- ☐ Check for acceptance of Acknowledgement of Additional Test: C-A-OPM-ATT 4.120.19.1 (1.1) required from Local Panel.

1.2 Acknowledgement of Additional Test: C-A-OPM-ATT 4.120.19.1 (1.2) required from Local Panel

C-A-OPM-ATT 4.120.19.1

1.2 Confirm proper response of a RF Cavity PSs: Y04-CAVA3.1 and B14-CAVA3.1 at HV along with Landau PSs: Y04-Landau and B14-Landau at HV, in Mode 25, to a key release.

- ☐ Check for acceptance of Acknowledgement of Additional Test: C-A-OPM-ATT 4.120.19.1 (1.2) required from Local Panel.

END OF TEST PROCEDURE

TTL: Sign for completion of initial testing: _____

Date: ____/____/____

TTL: Sign for completion of final testing: _____

Date: ____/____/____